

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

MILWAUKEE COUNTY  
ELECTION COMMISSION

2010 JUL 20 AM 10:28

**RECEIVED**  
OFFICE USE ONLY *new*

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Mark Borkowski*

Street Address

*3650 S. SUNSET DRIVE*

City, State and Zip Code

*MILWAUKEE, WI 53220*

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☒ July Continuing *2010* ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

|                                                       | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date | Audited Totals<br>Office Use Only |      |
|-------------------------------------------------------|-------------------------|--------------------------------------|-----------------------------------|------|
| 1A. Contributions (Including Loans) from Individuals  | \$ - 0 -                | \$ - 0 -                             | \$ -                              | \$ - |
| 1B. Contributions from Committees (Transfers-In)      | \$ - 0 -                | \$ - 0 -                             | \$ -                              | \$ - |
| 1C. Other Income and Commercial Loans                 | \$ - 0 -                | \$ - 0 -                             | \$ -                              | \$ - |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C) | \$ - 0 -                | \$ - 0 -                             | \$ -                              | \$ - |

**2. DISBURSEMENTS**

|                                                        |          |          |          |          |
|--------------------------------------------------------|----------|----------|----------|----------|
| 2A. Gross Expenditures                                 | \$ 25.00 | \$ 25.00 | \$ 25.00 | \$ 25.00 |
| 2B. Contributions to Committees (Transfers-Out)        | \$ -     | \$ -     | \$ -     | \$ -     |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 25.00 | \$ 25.00 | \$ 25.00 | \$ 25.00 |

**CASH SUMMARY**

|                                                                  |           |           |
|------------------------------------------------------------------|-----------|-----------|
| Cash Balance Beginning of Report                                 | \$ 512.76 | \$ 512.76 |
| Total Receipts                                                   | \$ -      | \$ -      |
| Subtotal                                                         | \$ 512.76 | \$ 512.76 |
| Total Disbursements                                              | \$ 25.00  | \$ 25.00  |
| <b>CASH BALANCE END OF REPORT</b>                                | \$ 487.76 | \$ 487.76 |
| INCURRED OBLIGATIONS<br>(Balance at the Close of This Period-3A) | \$ -      | \$ -      |
| LOANS (Balance at the Close of This Period-3B)                   | \$ -      | \$ -      |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

*DAVID L. Smith*

Signature of Candidate or Treasurer

*[Signature]*

Date: *7/20/10*

Daytime Phone: *414 777-5291*

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

**SCHEDULE 2-A**
**DISBURSEMENTS**  
**Gross Expenditures**

Page 1 of 1

Complete Committee Name  
Friends of Mark Borkowski

Instructions for completing schedules are on the back of each schedule.

| Date                                       | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made                                                      | Specific Purpose of<br>Expenditure | Amount   | Office Use |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------|------------|
| 6/30/10                                    | US Bank<br>P.O. Box 1800<br>St. Paul, MN 55101<br>Check if: <input checked="" type="checkbox"/> In-Kind Offset                                | Service<br>Charges                 | 25.00    |            |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| / /                                        | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made<br>Check if: <input type="checkbox"/> In-Kind Offset | Specific Purpose of<br>Expenditure | Amount   | Office Use |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE   |                                                                                                                                               |                                    | \$ 25.00 |            |
| TOTAL ITEMIZED EXPENDITURES                |                                                                                                                                               |                                    | \$ —     |            |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS |                                                                                                                                               |                                    | \$ —     |            |
| TOTAL EXPENDITURES                         |                                                                                                                                               |                                    | \$ 25.00 |            |